

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MALIK DUPREE EDWARDS

Plaintiff

v.

MONROE COUNTY

and

CORRECTIONAL OFFICER

SILVERIO (HOTEL #168)

and

CORRECTIONAL OFFICER HOWEY

and

CORRECTIONAL OFFICER

MARTYNOWICZ

and

CORRECTIONAL OFFICER WOJY

and

CORRECTIONAL OFFICER LAYLOR

and

SERGEANT PEREZ (HOTEL #19)

and

WARDEN GARRY HAIDLE

Defendants

CIVIL ACTION NO.: 4:19-cv-00107

CERTIFICATE OF SERVICE

I, Theresa M. Miller, paralegal to Richard M. Wiener, Esquire, counsel for Plaintiff, hereby states that on January 22, 2019, a true and correct copy of the Complaint in this matter was served upon Defendant, Correctional Officer Perez (HOTEL #19) c/o Monroe County Correctional Facility, 4250 Manor Avenue, Stroudsburg, PA 18360, as evidenced by the attached true and correct copy of the transmittal letter.

I verify that the statements made in this Certificate of Service are true and correct to the best of my knowledge, information and belief, and are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

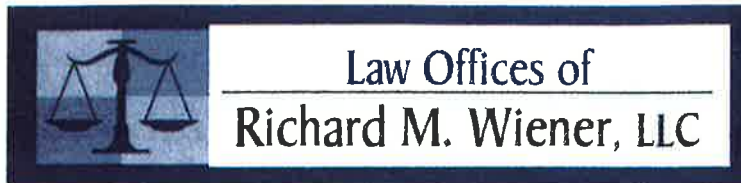
Theresa M. Miller

Printed Name



Signature

DATED: February 4, 2019



Richard M. Wiener, Esquire
Email: rwiennerlegal.com

January 22, 2019

CERTIFIED MAIL/RETURN RECEIPT REQUESTED
AND U.S. FIRST CLASS MAIL

Correctional Officer Perez (HOTEL #19)
c/o Monroe County Correctional Facility
4250 Manor Avenue
Stroudsburg, PA 18360

RE: Malik Dupree Edwards vs. Monroe County, et al.
US District Court, Middle District of PA, Docket No.: 4:19-cv-00107

Dear Correctional Officer Perez:

Enclosed for service upon you, are the Summons in Civil Action; two (2) Waiver of the Service of Summons, Notice, Consent and Reference of a Civil Action to a Magistrate Judge, Disclosure Statement Pursuant to Fed. R.Civ. P.7.1 (Civil Action) and a copy of the Complaint in regard to the above matter.

If you agree to waive the Service of the Summons, kindly sign the Waiver of the Service of Summons and return to me in the enclosed self-addressed stamped envelope.

If you do not agree to waive the Service of the Summons, please be advised of the following:

1. The Court can order you to pay the expense to serve the Summons; and

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: <i>Correctional Officer Perez (HOTEL #19)</i> <i>c/o Monroe County Correctional Facility</i> <i>4250 Manor Ave</i> <i>Stroudsburg, PA 18360</i></p> <p>9590 9402 3178 7166 4415 61</p> <p>2. Article Number (Transfer from service label) 7018 0360 0000 2659 4887</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MLC</i> C. Date of Delivery <i>1/26</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

ken, PA 19428
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